Franklin County Area Tax Bureau

306 North 2nd Street • Chambersburg PA 17201-1613

REQUEST FOR LOCAL SERVICES TAX (LST) REFUND (Complete Non-Shaded Areas Below, Attach Documentation, Then Sign and Date)

	<u> </u>				, , , , , , , , , , , , , , , , , , ,						
Soc. Sec.	No:		Tax Ye	ear:		Refund Reason (Check One)					
N	Name:					D	Duplicate Payment(s) Attach pay stubs or re			or receipts	
4.11							Income Less Than \$12,000.00 Attach Copy of				
Address:							Other Reason: Local Tax Return *				Local Tax
* Different guidelines may have applied to refund eligibility for years prior to 2010. Contact Tax Bureau with questions concerning prior year refunds.											
Deductions: (Attach documentation deduction(s) of LST)											
Employer Name			*	Deduction Political Subdivision			Amount	Allocation Upon Receipt			
* Put a "P" for Primary Employer(s) →				Date	Where Emp	loyed	Deducted				
1											
2											
3											
4											
5											
A				Total D	eductions & Alle	ocation:					
A Total Deductions & Allocation:											
I certify that the above information is true and accurate to the best of my knowledge:											
Taxpayer's Signature							Phone Date				
** TAX BUREAU USE **											
Liability:											
Employer				PSD			Amount	Correct Allocation			
							Due				
B Total Correct Liability and Alloc											
									•	•	<u> </u>
Overpaid:											
* An amount in "Other" must be claimed from the tax office where it was p							Amount Overpayment Allocation				
•							Overpaid				
Subtract (B) Amount Totals From (A) Amount T											
T	X7 1	D C 1			Comments:						
Tax Year	Vendor Code	Refund Amount	P	SD Code	Comments:						
1 cai	Code	Amount									